



BETHEL POLICE DEPARTMENT

Stephen M. Pugner— Chief of Police

Pistol Permit Application

Initial:

- _____ 1. **Completed** and **Notarized** Application—State of Connecticut Department of Emergency Services and Public Protection Form DPS-799-C (revised 5/27/15)
- _____ 2. **Completed** Bethel Police Department Permit Information Sheet
- _____ 3. Copy of Birth Certificate, Passport or Documentation of Permanent Residence from the U.S. Citizenship & Immigration Services
- _____ 4. Copy of Certificate from NRA instructor attesting you have completed a course in the Safety and Use of Pistols and Revolvers
- _____ 5. **Completed** Bethel Police Department Firearms Instructor Questionnaire filled out completely and signed by the Instructor
- _____ 6. Copy of Military Discharge Papers, DD214 or DD256 forms, if applicable

Fingerprint Registration: (required before fingerprint appointment can be made)

- You must register at the Pre-Enrollment site: <https://ct.flexcheck.us.idemia.io/cchrspreenroll>
 - Pre-Enrollment requires you to register with the Service Code: **1676-1C58**
 - Complete the Pre-Enrollment demographic information (all bold font/blue highlight fields)
- Payment of \$88.25 is due at time of registration to the State of CT through Pre-Enrollment site (credit card only)
 - After completing the Pre-Enrollment step, a confirmation screen will appear confirming registration is complete. **PRINT** Applicant Tracking Number (*Print and submit with application*)

Fingerprint Appointment can not be made without this Tracking number form.

*By my signature and initials, I acknowledge that I have read, understand, and agree that this application is accurate, completed in full and all documents required are included. Submitting an incomplete or incorrectly completed application will result in the application being **DENIED**.*

Applicant Signature: _____ Date: _____

The Bethel Police Department will contact you when your Temporary State Permit is ready to be picked up.

When picking up your Temporary Permit a \$70.00 fee will be charged (per Sec. 29-28), which can be paid with Cash or Check, made payable to the "Town of Bethel". Instructions will be included on how to obtain your State Pistol Permit.



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Pistol Permit Information Sheet

Date: _____ Officer: _____ Incident # _____

Applicants name: _____
Last First Middle

Maiden name or Alias: _____

Spouses name, if female, then maiden name: _____

Applicant address: _____

Phone Number: _____ Email: _____

Drivers Lic# and State _____

Sex: _____ DOB: _____ Age: _____ Eye color: _____ Hair color: _____

Height: _____ Weight: _____ Race: _____ Place of Birth: _____

Citizen of: _____ Not a citizen, then explain: _____

Occupation: _____

Employers Name, Address & Phone Number: _____

Military Service: Yes No Branch: _____ Years: _____

Type of Discharge: _____ Reserve: Yes No Active: Yes No

If you were issued a DD214 attach it and or a copy of your Military identification if active.

*By my signature, I acknowledge that I have read, understand, and agree that this application is accurate, completed in full and all documents required are included. Submitting an incomplete or incorrectly completed application will result in the application being **DENIED**.*

Applicant Signature: _____ Date: _____



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FIREARMS INSTRUCTOR:

Consistent with the State application, the applicant, “is required to furnish the issuing authority a letter or certificate attesting that he/she has completed a course in the Safety and Use of Pistols and Revolvers, signed by the pistol or revolver instructor”.

Some training course certificates do not clearly or sufficiently set forth any reasons by which I can judge competency or what level of training an applicant has received. I would like to know what the applicant has done to demonstrate competency with a firearm in conjunction with your course of instruction.

Please enclose your course certificate and answer the below questions. **YES** answers are required or a permit to carry a firearm will not be approved.

1. Has the applicant demonstrated to you knowledge and techniques in the safe handling of a revolver or pistol? YES or NO
2. Has the applicant received instruction from you in the actual firing of a revolver and/or pistol?
YES or NO
3. Has the applicant actually in your presence fired live ammunition from a revolver and/or pistol?
YES or NO
4. Has the applicant demonstrated to you competency in the handling and firing of a revolver and/or pistol? YES or NO

Printed Name of Applicant

Printed Name of Firearms Instructor and ID Number

Firearms Instructor Signature

Date



**STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
DIVISION OF STATE POLICE
Special Licensing and Firearms Unit**



PISTOL PERMIT/ELIGIBILITY CERTIFICATE APPLICATION

(Pursuant to C.G.S. §§ 29-28 et. seq., 29-36 et. seq., and 53a-217 et. seq.)

Before completing this application, it is suggested that you review the Connecticut General Statutes pertaining to firearms. These can be accessed on the Internet at www.cga.ct.gov or through your local library.

Type of Permit Requested:

Check Box:

- ☐ 60 Day Temporary State Pistol Permit
☐ Non-Resident State Pistol Permit
☐ Eligibility Certificate to Purchase Pistols or Revolvers
☐ Eligibility Certificate to Purchase Long Guns

Instructions:

Instructions for State Pistol Permits:	Instructions for Non-Resident State Pistol Permits:	Instructions for Eligibility Certificates to Purchase Pistols or Revolvers and/or Eligibility Certificates to Purchase Long Guns:
<p>1. Complete this form (DPS-799-C) and submit to appropriate local authority (local police, resident state trooper or first select person, as applicable) along with all of the following:</p> <ul style="list-style-type: none"> ▪ Firearms Safety & Use Course Certificate; ▪ \$70.00, fee, payable to the local authority; and ▪ Proof you are legally and lawfully in the United States (e.g., certified copy of birth certificate, U.S. passport or documentation issued by I.C.E.). <p>2. Submit fingerprints for a criminal history check through a law enforcement agency. Fees include a \$75.00 fee and a \$13.25 fee, payable at the agency where the prints are taken. Fees must be paid by separate checks.</p> <p>3. Upon approval, the local authority will issue a Temporary State Permit to Carry Pistols and Revolvers (DPS-11-C), effective for 60 days.</p> <p>4. Within the 60 day period, go to a DESPP, Division of State Police, pistol permit location and submit the following:</p> <ul style="list-style-type: none"> ▪ The Temporary State Permit to Carry Pistols and Revolvers (DPS-11-C) issued by the local authority; ▪ A completed Application for State Permit to Carry Pistols and Revolvers (DPS-46-C); ▪ \$70.00 fee, payable to Treasurer, State of Connecticut; ▪ Proof you are legally and lawfully in the United States (e.g., certified copy of birth certificate, U.S. passport or documentation issued by I.C.E.); and ▪ Proof of valid state issued photo identification card. <p>5. Upon approval, <i>your photograph will be taken at DESPP and you will be issued a state pistol permit.</i></p>	<p style="text-align: center;">**CALL DESPP FOR PACKET**</p> <p><i>You must hold a valid permit or license to carry a pistol or revolver issued by a recognized United States jurisdiction.</i></p> <p>Complete this form and submit to DESPP, Division of State Police, pistol permit location along with all of the following:</p> <ul style="list-style-type: none"> ▪ Completed State of CT and Federal fingerprint card with \$75.00 fee and \$13.25 fee, payable to Treasurer, State of Connecticut for criminal history background checks; ▪ Firearms Safety & Use Course Certificate; ▪ \$70.00 fee, payable to Treasurer, State of Connecticut; ▪ Completed Application for State Permit to Carry Pistols and Revolvers form (DPS-46-C); ▪ Completed DPS-129-C signed and notarized and 2x2 color photograph (passport style); ▪ Copy of the permit or license to carry a pistol or revolver issued to you by a recognized United States jurisdiction; ▪ Proof you are legally and lawfully in the United States (e.g., certified copy of birth certificate, U.S. passport or documentation issued by I.C.E.); and ▪ Proof of valid state issued photo identification card. <p>Out of State Pistol Permit Information:</p> <p>State of Issue: _____</p> <p>Expiration Date: _____</p> <p>Permit Number: _____</p>	<p>1. Complete this form and submit in person at DESPP Headquarters, Division of State Police, located at 1111 Country Club Road, Middletown, Connecticut along with the below:</p> <ul style="list-style-type: none"> ▪ Firearms Safety & Use Course Certificate; ▪ \$35.00 fee, payable to Treasurer, State of Connecticut; ▪ Application for a State Eligibility Certificate for a Pistol or Revolver or for Long Guns (DPS-164-C); ▪ Proof you are legally and lawfully in the United States (e.g., certified copy of birth certificate, U.S. passport or documentation issued by I.C.E.); and ▪ Proof of valid state issued photo identification card. <p>2. Submit fingerprints for a criminal history check through a law enforcement agency. Fees include a \$75.00 fee and a \$13.25 fee, payable at the agency where the prints are taken. Fees must be paid by separate checks.</p> <p>3. Upon approval, your photograph will be taken at DESPP and you will be issued an eligibility certificate.</p>

For Department of Emergency Services and Public Protection (DESPP), Division of State Police, pistol permit locations, access www.ct.gov/despp and follow the link to the Special Licensing and Firearms Unit or call (860) 685-8290. Note: All payments must be made with separate checks.

STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
DIVISION OF STATE POLICE

Medical History:

Have you been confined in a hospital for mental illness in the past sixty (60) months by order of a Probate Court? ☐ NO ☐ YES If "YES," explain: (Attach additional sheet(s), if necessary)

Have you been discharged from custody within the past twenty years after having been found not guilty of a crime by reason of a mental disease or defect? ☐ NO ☐ YES
If "YES," explain: (Attach additional sheet(s), if necessary)

Have you been voluntarily admitted to a hospital for mental illness within the past six (6) months for reasons other than solely for alcohol or drug dependence? ☐ NO ☐ YES
If "YES," explain: (Attach additional sheet(s), if necessary)

Notice: DESPP herein notifies the applicant that, pursuant to C.G.S. §§ 29-28 through 29-38b, DESPP will be notified by the Department of Mental Health and Addiction Services if the applicant has been confined to a hospital for psychiatric disabilities within the preceding sixty (60) months by order of Probate Court, or if the applicant has been voluntarily admitted to a hospital for mental illness within the past six (6) months for reasons other than solely for alcohol or drug dependence.

Criminal History:

Have you ever been **ARRESTED** for any crime, in any jurisdiction? ☐ NO ☐ YES If "YES," list all arrests, indicating charges, locations, dates of arrest and dispositions. (Attach additional sheet(s), if necessary)

Notice: You are *not* required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to C.G.S. §§46b-146, 54-76o, or 54-142a. If your criminal records have been erased pursuant to one of these statutes, you may swear under oath that you have never been arrested. Criminal records that may be erased are records pertaining to a finding of delinquency or that a child was a member of a family with service needs (C.G.S. 46b-146), an adjudication as a youthful offender (C.G.S. 54-76o), a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty, or a conviction for which the person received an absolute pardon (C.G.S. 54-142a).

With regard to criminal history information arising from jurisdictions other than the State of Connecticut: You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to the law of the other jurisdiction. Additionally, you are not required to disclose the existence of an arrest arising from another jurisdiction if you are permitted under the law of that jurisdiction to swear under oath that you have never been arrested.

Have you ever been **CONVICTED** under the laws of this state, federal law or the laws of another jurisdiction? ☐ NO ☐ YES If "YES," list all convictions, include charges, location, date of arrest, and disposition. (Attach additional sheet(s), if necessary)

Are you currently on probation, parole, work release, in an alcohol and/or drug treatment program or other pre-trial diversionary program or currently released on personal recognizance, a written promise to appear or a bail bond for a pending court case? ☐ NO ☐ YES If "YES," explain. (Attach additional sheet(s), if necessary)

Within the past five (5) years, have you been the subject of a Protective Order or Restraining Order issued by a court in a case involving the use, attempted use or threatened use of physical force against another person, regardless of the outcome or result of any related criminal case? ☐ NO ☐ YES

If "YES," which court issued the order?

Military History:

Were you ever a member of the Armed Forces of the United States? ☐ NO ☐ YES (If yes, please include a copy of your DD-214)

Were you ever discharged from the Armed Forces of the United States with a less than Honorable Discharge? ☐ NO ☐ YES

STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
DIVISION OF STATE POLICE

Proof of Training:

**Attach a copy of the letter or certificate attesting that you have completed a course in the safety and use of pistols and revolvers or long guns (as appropriate, depending upon which permit or certificate you are requesting), signed by the instructor of the course.*

Instructor: (Check applicable box)

- ☐ National Rifle Association
☐ Department of Energy and Environmental Protection (DEEP)
☐ Other: _____

State Instructor's Name and ID Number: _____

Declaration:

I understand that any false statement herein, which I do not believe to be true and which is intended to mislead a public servant in the performance of his or her official function, is punishable by law (See C.G.S. § 53a-157b). I further understand that any statement in this application that is determined to be false or inaccurate shall constitute grounds for the denial of such application. If approved before the facts are known, such approval shall be void if based on a false or inaccurate statement. My signature below attests to the accuracy, completeness and to the truth of all information supplied on this application:

I declare, under the penalties of false statement, that the answers to the above are true and correct.

Date _____

Signed _____

STATE OF _____

COUNTY OF _____

Print Name _____

Subscribed and sworn to before me this _____ day of _____ 20____

Name:
Notary Public
My Commission Expires:
Commissioner of Superior Court

NOTICE: Appeal Process for Permits

In the event that your application for pistol permit or eligibility certificate is denied or revoked, you may notify the Board of Firearms Permit Examiners, at 165 Capitol Ave., Suite 1070, Hartford, CT 06106. Telephone: (860) 256-2947, in writing, within ninety (90) days, in order to begin your appeal process. At a hearing before the Board, you may request that your application be reconsidered or that your permit or eligibility certificate be reinstated.

For Official Use Only:

Application Received:

____/____/____
Month/Day/Year

FBI Sent: ☐ No ☐ Yes
FBI Reply: ☐ No ☐ Yes
ICE Response: ☐ No ☐ Yes
DMHAS: ☐ No ☐ Yes
SPBI: ☐ No ☐ Yes
Number: _____

Application Status:

☐ Approved ☐ Denied

(Signature and title of issuing authority)